

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
SEP 10 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0359
Date: 9-21-15
Amount Paid: \$175
Refund: 9-21-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Mary Beaver, Kurt Beaver, Karl Beaver, Christine Neff	Mailing Address: 50510 Martin Rd. Barnes, WI 54873-4691	City/State/Zip: Barnes, WI 54873-4691	Telephone: 715-795-3227
Address of Property: 50510 Martin Rd. Barnes		City/State/Zip: Barnes, WI 54873-4691	Cell Phone: 715-558-5716
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-44-09-11-2-05-002-20000	Recorded Document: (i.e. Property Ownership) Volume 1121 Pages 786
Section 344, Township T44N, Range R09W W	Town of: Barnes	Lot Size	Acreage 1.200

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: 75 + feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Value at Time of Completion * include donated time & material: \$5,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Over</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Over</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	()	()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()	
<input type="checkbox"/> with Loft	()	()	
<input type="checkbox"/> with a Porch	()	()	
<input type="checkbox"/> with (2 nd) Porch	()	()	
<input type="checkbox"/> with a Deck	()	()	
<input type="checkbox"/> with (2 nd) Deck	()	()	
<input type="checkbox"/> with Attached Garage	()	()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	()	()	
<input type="checkbox"/> Mobile Home (manufactured date)	()	()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) Deck replacement	()	()	
<input type="checkbox"/> Accessory Building (specify)	()	()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()	
<input type="checkbox"/> Rec'd for Issuance	()	()	
<input type="checkbox"/> Special Use: (explain)	()	()	
<input type="checkbox"/> Conditional Use: (explain)	()	()	
<input type="checkbox"/> Other: (explain)	()	()	

Secretarial Staff: FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): * Christa & Jeff, Mary & Beavers, Paul & Janet Beavers
(If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____

Address to send permit 50510 Martin Rd. Barnes, WI 54873
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

or sketch your property (regardless of what you are applying for)

- Show location of:**
Show / Indicate:
(3) Show location of (*): North (N) on Plot Plan
(4) Show: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(5) Show: All Existing Structures on your Property
(6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(7) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	175 Feet	Setback from the Lake (ordinary high-water mark)	84 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	115 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	144 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	84 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	36784	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0859		Permit Date: 9-21-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:							
Act 55 - Rephew deck + railing - same size							
Date of Inspection: 9-27	Inspected by: J. Kelly						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If NO they need to be attached.)				Zoning District (A1)			
				Lakes Classification (241)			
				Date of Re-Inspection:			
Signature of Inspector: J. Kelly							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 9/15/15			

Now: Draw a

- (1) Show 10
- (2) Show 1
- (3) Show 1
- (4) Show 1
- (5) Show 1
- (6) Show 1
- (7) Show 1

111

A horizontal scale bar with a vertical tick mark at the left end. Below the bar, the text "100 ft" is written. Above the bar, the text "40 m" is written.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
SEP 11 2015
Bayfield Co. Zoning Dept.

ENTERED Permit #: 150369
Date: 9-25-15
Amount Paid: \$1,675
Refund: 9-25-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Timothy & Judith McLeod Mailing Address: 38 Alder Lane City/State/Zip: Esko, MN 55733 Telephone: 218 310-2008

Address of Property: 2110 South Shore Rd Contractor Phone: 715 418-0119 Plumber: 54873 Cell Phone:

Contractor: Sunderlund Const 715 418-0119

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-004-2-44-09-20-205-004-13048 Recorded Document: (i.e. Property Ownership) Volume 832 Page(s) 199

1/4, 1/4 Gov't Lot 4 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage 6.2

Section 20, Township 44 N, Range 9 W Town of: Barnes

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---Continue ☒ Distance Structure is from Shoreline: feet

☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---Continue ☒ Distance Structure is from Shoreline: feet ☒ Is Property in Floodplain Zone? ☒ Yes ☐ No ☒ Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material \$525,000.02

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (If permit being applied for is relevant to it) Length: 44'6" Width: 46' Height: 23'

Proposed Construction: Length: 44' Width: 46' Height: 34'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date) Repair Foundation	() X ()	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) Loft, BR, Entry Foyer, S.P.	() X ()	
	Accessory Building (specify) Screen porch	(10' x 12.5)	125
	Accessory Building Addition/Alteration (specify) Foyer	() X ()	
	Rec'd for Issuance	9.5 x 10	95
	SPECIAL USE: (explain) BR	(13'10" x 12)	184
	CONDITIONAL USE: (explain) lot 4	(17' x 24)	
	Secretarial Staff	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 9/8/15
(If there are Multiple Owners, please sign and attach a letter of authorization must accompany this application)
Authorized Agent: Kevin Sunderlund Date: 9/8/15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: Kevin Sunderlund, 2950 29 1/4 St., Birchwood, WI 54817
If you recently purchased the property send your Recorded Deed

DUE FOR SERVICE 7-20-15 APPLICANT: PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	675 Feet	Setback from the Lake (ordinary high-water mark)	50' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Lake 75' NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	615 Feet	Setback from Wetland	Feet
Setback from the West Lot Li	350' NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 300 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

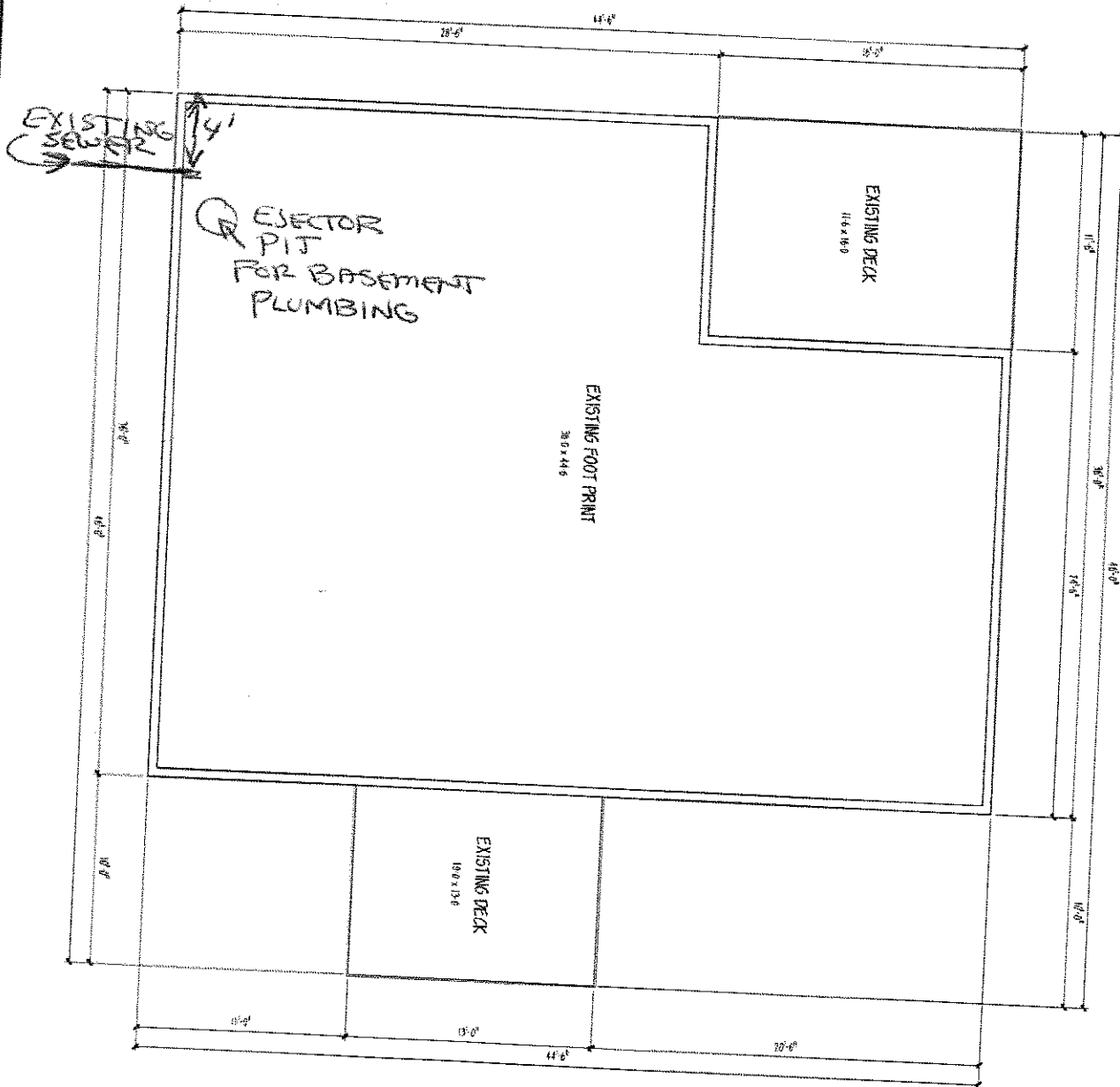
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Permit Number: 2054		# of bedrooms: 3		Sanitary Date: 9/6/78	
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-02809		Permit Date: 9-05-15					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:							
Date of Inspection: 9/11/15		Inspected by: ggarby		Zoning District (R-1) Lakes Classification (1)			
Condition(s) of Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:					
Parcel Act 55 and NR 115.05 (1) 5 abe							
Used 1812 Fed 6 myman 2002 Alder - 16' Foot lot for future use							
Signature of Inspector: ggarby		Date of Approval: 9-11-15					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input checked="" type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

NEW SEWER WILL ENTER
IN SAME LOCATION

Caron Zeiger
LIC # 220010



**Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138**



Permit #:	15-0371
Date:	9-28-15
Amount Paid:	\$205
Refund:	9-28-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Paradise Beach Resort				Mailing Address:		Telephone:	
Address of Property:		50005 Point-O-Pines Rd				City/State/Zip:		715-745-2893	
Contractor:		Justin Christanson				Contractor Phone:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Michael Furtak (765)				Agent Phone:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
State LOCATION		Overem Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Page(s)	
1/4, _____ 1/4		Gov't Lot 1+11		Lot(s) 1		CSM 2.281		Vol & Page 2.284	
Section 8		Township 44 N, Range 9 W		Town of: Barnes		Lot(s) No.		Block(s) No.	
Lot 1		Subdivision:		Lot Size		Acreage		1.387	
Shoreland →		<input type="checkbox"/> Is Property/Land within 300 Feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →				Distance Structure is from Shoreline : feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if Yes---continue →		Distance Structure is from Shoreline : feet				140'		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$35,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Ceiled</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 30	Width: 40	Height: 22

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>garage/storage</u>	(30 X 40)	1,200
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
SEP 28 2015	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I, Donald J. Stofion (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the truth and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which shall be responsible for the truth and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): DV Date 1-8-10

(If there are Multiple Owners listed on the Deed ~~All~~ Owners must sign letter(s) of authorization must accompany this application)

Authorized Agent: Michael Duvall Date 1-2-20

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 28730 Lakeland, Wt 27012

07012
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

in the box below. Draw or Sketch your Property (regardless of what you are applying for)

- | | |
|---------------------------|--|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90± Feet	Setback from the Lake (ordinary high-water mark)	140 Feet
Setback from the Established Right-of-Way	50± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line Town Rd	150± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line Lake Creek	140± Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line Town Rd	50± Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	29 Feet	Setback to Well	33 Feet
Setback to Drain Field	15 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0371		Permit Date: 9-28-15		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (R28)		
Date of inspection: 9-8-15		Lakes Classification ()		
Inspected by: J. G. G. G.		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Gutter + down spouts on building connect to drain tile for undergarnd distribution. No human habitation				
Signature of Inspector: J. G. G. G.		Date of Approval: 9/10/15		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

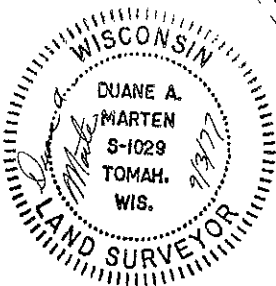
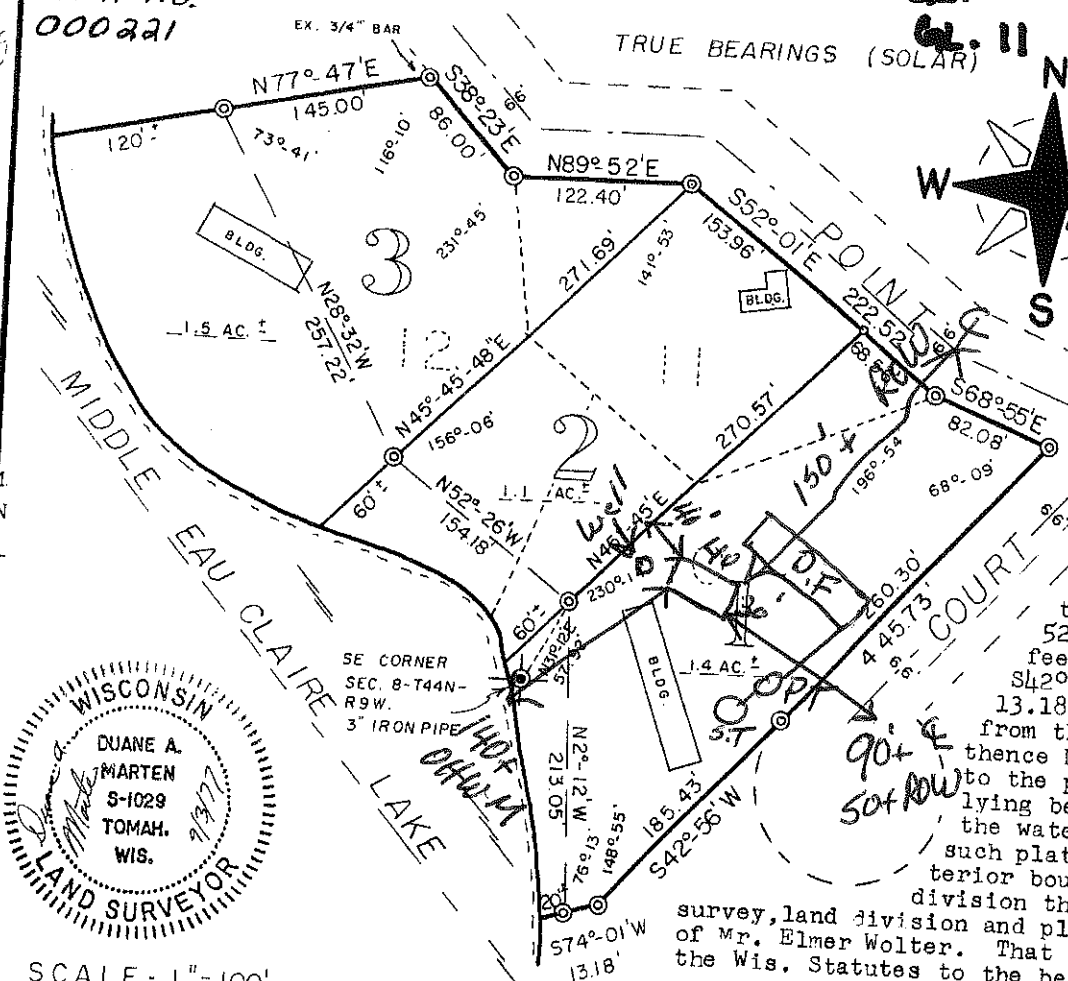
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11-4-9
 9-4-9

320976
 REGISTER'S OFFICE } S.S.
 Bayfield County, Wis.
 RECORDED AT 9:15 A.M.
 ON MAY 11 1978
 Vol. 2 of CSM Page 284

Otto Korpela
 REGISTER OF DEEDS

CSM NO.
 000221



© - EX. 1 1/4" IRON BAR
 ○ - SET 1" x 24" IRON PIPE
 MIN. WT. 1.13 LBS./LIN. FT.

Duane A. Marten
 DUANE A. MARTEN, REGISTERED LAND SURVEYOR
 VACATIONLAND SURVEYOR'S, INC.
 TOMAH, WISCONSIN

3 SEPT. 1977

40' to S.T/P.T
 33' to well
 15' to drain field

GL. 1 8-44-7 9-4-9
 GL. 11 9-44-9

284

SURVEYOR'S CERTIFICATE

I, Duane A. Marten, Registered Land Surveyor, hereby certify: That I have re-surveyed, divided and mapped Lots 10, 11 & 12 of the Point O' Pines Subdivision located in Gov't. Lot 1, Sec. 8, Gov't. Lot 11, Sec. 9 & Gov't. Lot 5, Sec. 16 all in T44N-R9W, Town of Barnes, Bayfield Co., Wisconsin, bounded and described as follows: Commencing at the SE corner of said Sec. 8; thence N31°-12'E, 57.92 feet to a point which is 60 feet, more or less, from the water's edge of Middle Eau Claire Lake and the point of beginning; thence N52°-26'W along a meanderline, 154.18 feet; thence N28°-32'W along a meanderline, 257.22 feet to a point 120 feet, more or less, from the water's edge of Middle Eau Claire Lake; thence N77°-47'E, 145.00 feet; thence S38°-23'E, 86.00 feet; thence N89°-52'E, 122.40 feet; thence S52°-01'E, 222.52 feet; thence S68°-55'E, 82.08 feet; thence S42°-56'W, 445.73 feet; thence S74°-01'W, 13.18 feet to a point, 20 feet, more or less, from the water's edge of Middle Eau Claire Lake; thence N2°-12'W along a meanderline 213.05 feet to the point of beginning. Including all lands lying between the above described meanderline and the water's edge of Middle Eau Claire Lake. That such plat is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof made. That I have made such re-survey, land division and plat by the order and under the direction of Mr. Elmer Wolter. That I have fully complied with Chapter 236 of the Wis. Statutes to the best of my knowledge and belief.

CERTIFIED SURVEY MAP

LOCATED IN LOTS 10, 11 & 12 OF POINT O' PINES SUB. IN SEC'S 8, 9 & 16-T44N-R9W, TOWN OF BARNES, BAYFIELD CO., WIS.

APPROVED-BAYFIELD CO. ZONING COMM.
 DATE = 10 May 1978

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received:
SEP 28 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0373
Date: 9-30-15
Amount Paid: \$2014
Refund: 9-30-15

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name: <u>JEFF BUDGESON</u>		Mailing Address: <u>701304213</u>		City/State/Zip: <u>WISCONSIN 54891</u>		Telephone: <u>715-324-4643</u>			
Address of Property: <u>54875 TIMBERDALE TR</u>		City/State/Zip: <u>Barnes WI 54873</u>		Contractor Phone: <u>412803-0775</u>		Plumber Phone: <u>715-324-4643</u>			
Contractor: <u>COZY HOMES LLC</u>		Agent Phone: <u>715-324-4643</u>		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (23 digits) 04-004-2-45-09-19-100-242-2400		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____		Subdivision: Volume _____ Page(s) _____			
PROJECT LOCATION		Legal Description: (Use Tax Statement) ____ 1/4, ____ 1/4		Gov't Lot ____ 58		Lot(s) ____ 58		CSM ____	
Section <u>19</u> , Township <u>45</u> N, Range <u>9</u> W		Town of: <u>BARNES</u>		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →		Distance Structure/Is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		If Yes—continue →		Distance Structure/Is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material <u>\$ 30,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	_____	<input checked="" type="checkbox"/> NONE
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Pit) or Vaulted (min 200 gallon)	_____	_____	<input checked="" type="checkbox"/> NONE
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Portable (w/service contract)	_____	_____	<input checked="" type="checkbox"/> NONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	_____	_____	<input checked="" type="checkbox"/> NONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	_____	_____	<input checked="" type="checkbox"/> NONE

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(_____)	(_____)
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>	<input type="checkbox"/> with a Deck	(_____)	(_____)
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	(_____)	(_____)
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date) _____	(_____)	(_____)
<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify) _____	(_____)	(_____)
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
<input type="checkbox"/> Special Use: (explain) _____	<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) _____	(_____)	(_____)
<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/>	<input type="checkbox"/>	(_____)	(_____)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

Owner(s): Jeff Budgeson
(If there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 9-22-2015

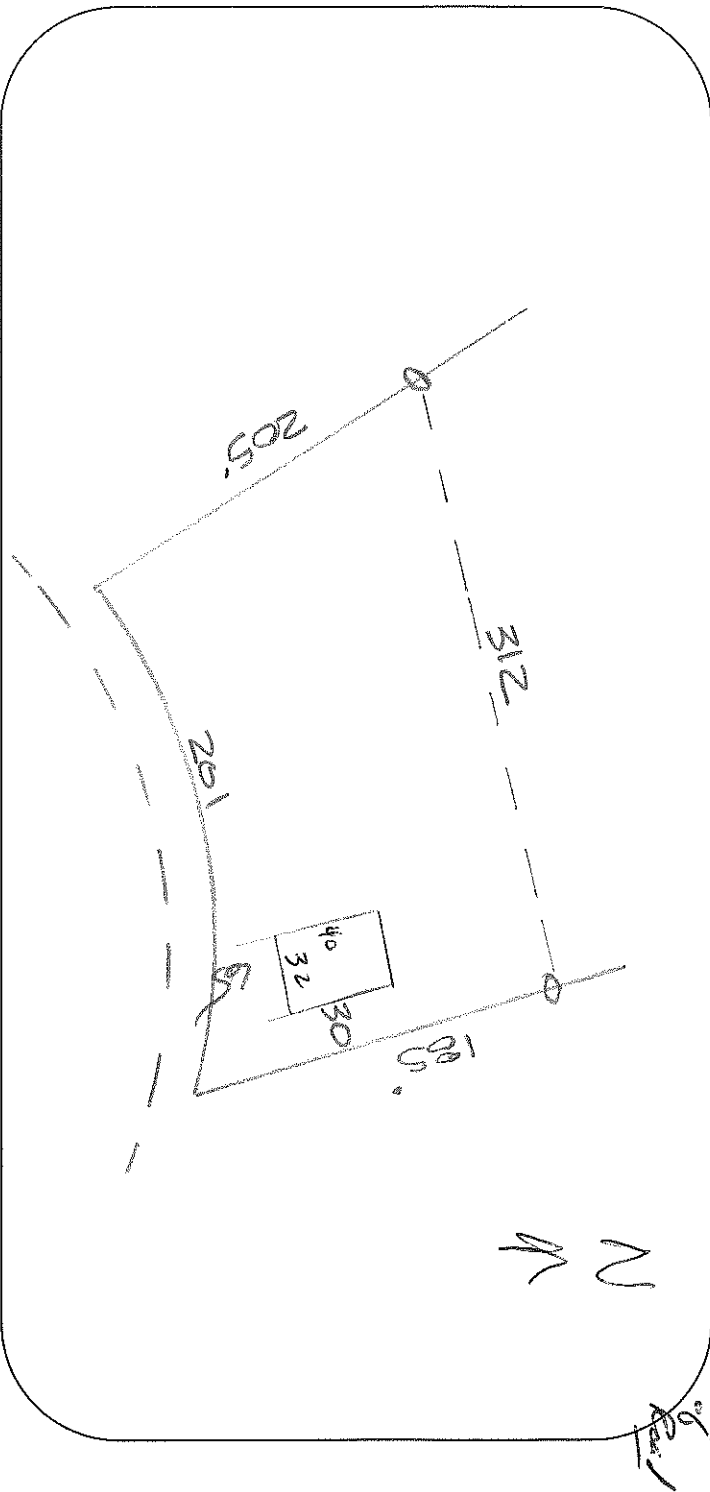
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Fill in the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	65 Feet	Setback from the Lake (ordinary high-water mark)	200 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream Creek	Feet
Setback from the North lot Line	85 Feet	Setback from the Bank or Bluff	Feet
Setback from the South lot Line	65 Feet	Setback from Wetland	Feet
Setback from the West lot Line	146 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East lot Line	30 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>15-0373</u>		Permit Date: <u>9-20-15</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:							
Date of inspection: <u>9/24/15</u>		Inspected by: <u>JD</u>				Zoning District (<u>A</u>) Lakes Classification (<u>3</u>)	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (if No they need to be attached.)						Date of Re-Inspection:	
Signature of Inspector: <u>JD</u>						Date of Approval: <u>9-27-15</u>	
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	